PART B - FEE(S) TRANSMITTAL

| Complete and send t | end this form, together applicable fee(s), to: Mail or Fax | | | | Stop ISS missioner f Box 1450 candria, Vir 273-2885 | _ | | | |
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| INSTRUCTIONS: This for | rm should be used for tran | smitting the ISSU | | | | uired). Blo | cks 1 through 5 s | hould be completed where | |
| maintenance fee notification | | | ders and notifica) specifying a ne | tion of ma w correspo | intenance fees ondence address | will be ma s; and/or (b | iled to the current b) indicating a sepa | correspondence address as arate "FEE ADDRESS" for | |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 08791 7590 12/14/2005 BLAKELY SOKOLOFF TAYLOR & ZAFMAN | | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission | | | | |
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| | | | | <u> </u> | MARCH | 200 | <u> </u> | (Date) | |
| APPLICATION NO. | FILING DATE |] | VENTOR | | ATTORN | IEY DOCKET NO. | CONFIRMATION NO. | | |
| 10/004,439 | 10/23/2001 | Sven O. Lund | | | | 42 | 390P11641 | 8210 | |
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| EXAMINER A | | | UNIT CLASS-SUBCLASS BABRAHA2 000000 | | | | HA2 00000034 10 | 004439 | |
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| | e address or indication of "Fe | ee Address" (37 | 2 For printing | | ent front page, | | | 300.00 Op | |
| CFR 1.363). Change of correspond Address form PTO/SB/1 | ` | (1) the names or agents OR, | of up to 3 alternative | registered pate | ent attorney | _ | INSKY LLC | | |
| ☐ "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. | ation form e of a Customer | registered attorney or agent) and the names of up to | | | | | | | |
| | RESIDENCE DATA TO B | | • | | | | • | <u> </u> | |
| PLEASE NOTE: Unless recordation as set forth in | an assignee is identified be 37 CFR 3.11. Completion | clow, no assignee of this form is NOT | data will appear a substitute for | on the pate filing an as | ent. If an assig signment. | mee is iden | tified below, the d | locument has been filed for | |
| (A) NAME OF ASSIGNEE | | | (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | |
| INTEL (| CORPORATION | | SANTA | , CLA | RA, C, | ٩. | | | |
| Please check the appropriate | e assignee category or catego | ries (will not be pri | inted on the pater | nt): 🔲 I | ndividual 🔀 (| Corporation | or other private gr | oup entity Government | |
| 4a. The following fee(s) are | enclosed: | 4ს | . Payment of Fee | (s): | | | | | |
| Issue Fee | | | A check in the | ne amount e | of the fee(s) is e | nclosed. | | | |
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| a. Applicant claims S | (from status indicated above MALL ENTITY status. See | 37 CFR 1.27. | | | _ | | TY status. See 37 C | | |
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